

# **Our Lady of Loreto Preschool Information**

We are happy to announce the arrival of the Our Lady of Loreto Preschool!

PLEASE SEE THE **REVISED** PRESCHOOL REGISTRATION OPTIONS BELOW!

## **Preschool Program Objectives**

- The primary responsibility of our school is to provide a safe and secure environment for our children to receive a quality faith filled education
- Encourage social and emotional growth
- Encourage intellectual and spiritual growth
- To encourage language through stories, music, games, and problem solving
- Encourage creativity by offering many kinds of experiences in art and dramatics
- Encourage the children to use the library to develop on-going reading skills, literature, and oral skills
- Facilitate intellectual development by widening the child's experience in computer concepts and skills
- Develop responsibility for one's own actions in self-help, health, and to exercise appropriate independence
- Encourage physical development of large motor skills and fine motor skills through indoor games/outdoor activities, blocks and puzzles
- Develop visual-motor skills with creative play stations sufficiently varied and appropriate for the child's developmental needs

## **Building the Catholic Faith**

- Our spiritual mission is in the proclamation of the Word of God and living our faith
- We are passionate about educating and nurturing the minds, bodies, and souls of our students
- Discover the revelation of God's mystery in every subject
- Promote and develop a personal relationship with God
- Guide students to live their faith by making the religion relevant through prayer, teaching, example, and opportunities to reflect Jesus in thought
- Work together to develop a caring environment which facilitates mutual respect and cooperation

## **Registration Dates:**

October 21-December 2, 2016 Intent to Enroll & payment due in school office for current families

December 7, 2016, 7:00 AM Registration for registered OLOL parishioners

January 12, 2017, 7:00 AM Open Registration begins

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Revised 12-19-16

## Class Options

### 3 year old Half Day AM Program (Class Option 1)

Tuesday & Thursday 8:00-11:00 AM

Students must be at least 3 years of age by October 1<sup>st</sup> and restroom trained (no pull-ups allowed), no exceptions.

### 3 year old Half Day PM Program (Class Option 2)

Tuesday & Thursday 12:00-3:00 PM

Students must be at least 3 years of age by October 1<sup>st</sup> and restroom trained (no pull-ups allowed), no exceptions.

### 4 & 5 year old Half Day AM Program (Class Option 3)

Monday, Wednesday, & Friday 8:00-11:00 AM

Students must be at least 4 years of age by October 1<sup>st</sup> and restroom trained (no pull-ups allowed), no exceptions.

### 4 & 5 year old Half Day PM Program (Class Option 4)

Monday, Wednesday & Friday 12:00-3:00 PM

Students must be at least 4 years of age by October 1<sup>st</sup> and restroom trained (no pull-ups allowed), no exceptions.

### 4 & 5 year old Half Day AM Program (Class Option 5)

Monday, Tuesday, Wednesday, Thursday, & Friday 8:00-11:00 AM

Students must be at least 4 years of age by October 1<sup>st</sup> and restroom trained (no pull-ups allowed), no exceptions.

### 4 & 5 year old Half Day PM Program (Class Option 6)

Monday, Tuesday, Wednesday, Thursday, & Friday 12:00-3:00 PM

Students must be at least 4 years of age by October 1<sup>st</sup> and restroom trained (no pull-ups allowed), no exceptions.

## Tuition Schedule

Class Options		Plan "A"	Plan "B"
		<i>Payment in Full</i>	<i>Monthly</i>
1	3 yr TTh AM	\$2,300	\$2,450
2	3 yr TTh PM	\$2,300	\$2,450
3	4 & 5 yr MWF AM	\$3,200	\$3,350
4	4 & 5 yr MWF PM	\$3,200	\$3,350
5	4 & 5 yr MTWThF AM	\$4,400	\$4,550
6	4 & 5 yr MTWThF PM	\$4,400	\$4,550

Plan A – Tuition will be paid in full by July 15, 2017.

Plan B – **20% of tuition must be paid by July 15, 2017**; remaining tuition is due in 8 equal monthly installments on or before the 1<sup>st</sup> day of each month beginning **August 1, 2017**.

\$200 Non-refundable Registration Fee due at registration

\$50 Supply fee due by July 15, 2017

**Note: We are planning on providing the class options above. However, final class decisions will depend on enrollment demand. If your preferred class is not offered due to low enrollment and you do not wish to pick an alternative class, your registration fee will be refunded if requested within 10 business days of final class option notification.**

[Type text]



# Our Lady of Loreto Catholic School

## Preschool

### Registration Checklist

**December 7, 2016, 7:00 AM**

**Registration for registered OLOL parishioners**

**January 12, 2017, 7:00 AM**

**Open Registration for all families**

Please complete the following forms and return them to school with the required documentation and fees.

**REQUIRED: FORMS**

- Preschool Registration/Family Census information

**DOCUMENTS FOR NEW PRESCHOOLERS:**

- Birth certificate
- Baptismal certificate and other sacramental certificates
- Health Information form (and updated immunizations due in the fall before child starts school)

**FEES**

- Check payable to OLOL for registration fee of \$200 for each preschooler attached to registration.

**Registration Fees are Non-Refundable.**

Registration forms and documents may be mailed or turned into the school office on or after the registration dates above.

**A registration is not considered complete until ALL registration fees are paid in full and forms and documents have been received by the school office.**



# Preschool

## Registration for 2017-2018

Revised 12-19-16

**Please Print Clearly**

By filling out this form and providing the registration fee for each child, we will secure a spot for your preschooler. Registration Fee: \$200 for each preschool child, payable to OLOL. **Registration fees are non-refundable.**

**Note:** The preschool program operates separately from the K-8 school. **There is no discount for multiple children, no financial aid available, and no parish affiliation discount.**

	Father/Guardian	Mother/Guardian	Publish in Directory?	
Name			YES	NO
Address			YES	NO
City, State, Zip			YES	NO
Home Phone			YES	NO
Cell Phone			YES	NO
E-mail			YES	NO
Religious Affiliation			YES	NO

Student Name	Sex M/F	Birthdate	Baptism Date	Preschool Class Option	Allergies/Medical Conditions & Medications	
					YES	NO
					YES	NO
					YES	NO
					YES	NO

### Tuition Schedule

Class Options		Plan "A"	Plan "B"
		<i>Payment in Full</i>	<i>Monthly</i>
1	3 yr TTh AM	\$2,300	\$2,450
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4	4 & 5 yr MWF PM	\$3,200	\$3,350
5	4 & 5 yr MTWThF AM	\$4,400	\$4,550
6	4 & 5 yr MTWThF PM	\$4,400	\$4,550

**Disclaimer:** This form and a non-refundable deposit must be received to guarantee enrollment for the 2017/2018 school year. To avoid being put on a waiting list, it is imperative you submit your registration on time AND your check clears the bank. Thank you!

For Office Use: Received By: _____ Date Received: _____ Registration Form(2): _____ Birth Cert _____ Bapt. Cert _____ Check #: _____
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# Preschool

## Registration for 2017-2018

Revised 12-19-16

**Please Print Clearly**

### Family Census Information: Please answer all Questions

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Remarried: YES NO Step Parents Name(s): \_\_\_\_\_

Primary residence of child: \_\_\_\_\_

*Please answer both of the following questions.*

### Race of Student (used for Archdiocesan Demographic Reporting only):

American Indian/Native Alaskan \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Asian \_\_\_\_\_ White (including Middle Eastern Countries) \_\_\_\_\_ Multi-Racial (two or more races) \_\_\_\_\_

**Ethnicity:** Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

Has your child(ren) ever been diagnosed with, or screened for learning disabilities? YES NO

If yes, please provide the student's name, describe the disability and provide results of the testing or a copy of the IEP

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Please list all schools that your child(ren) has previously attended:

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Has your child(ren) ever been enrolled in a Catholic School in the Archdiocese of Denver? If so, please identify the school:

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Name of the Parish where you are registered: \_\_\_\_\_

#### Statement of Non-Discrimination by Archdiocesan Schools - Archdiocesan Policy No. 6020

#### Assurance Statement of compliance with the purposes of Title IX Education Act

The Catholic Schools of the Archdiocese, under the jurisdiction of the Archbishop, and at the direction of the Superintendent, attest that none of the Catholic schools discriminates on the basis of sex in its admission policies, treatment of students or its employment practices.

#### Notice of Student Non-Discrimination Policy

The Catholic schools of the Archdiocese of Denver, under the jurisdiction of Archbishop Samuel J. Aquila, S.T. L. and at the direction of the Superintendent, state that all of their Catholic schools admit students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. Furthermore, Archdiocesan schools admit handicapped students in accord with the policy on Admissions, 4.2.1. These schools do not discriminate on the basis of race, age, handicap, color, national or ethnic origin in the administration of their educational policies, employment practices, scholarship and loan programs or athletic or other school administered programs.



## OUR LADY OF LORETO STUDENT HEALTH INFORMATION FORM

Your child's success in school depends upon good health and regular school attendance. To assist in providing your child health services at school, please complete the following and return to the School Nurse.

**PLEASE PRINT**

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

<b>Allergies:</b>	YES	NO	Please list:  Life threatening? Yes/No Epi-Pen: Yes/No Has emergency action been required? Yes/No Date:
<b>Asthma</b>	YES	NO	Triggers: Medications/Dose:  Rescue inhaler required at school? Yes/No
<b>Attention Concerns(ADHD/ADD)</b>	YES	NO	Medications/Dose:
<b>Diabetes</b>	YES	NO	Insulin? Yes/No Age when diagnosed: _____ Source: Injections/Insulin Pump Please submit your child's diabetic treatment plan to the nurse.
<b>Epilepsy/Seizures</b>	YES	NO	Type of seizure: Medications/Dose: Date of last seizure:
<b>Heart Disease</b>	YES	NO	Describe:  Surgery: YES/NO Medications/Dose:
<b>Kidney Disease</b>	YES	NO	Describe:
<b>Bone or Joint Disease/Condition</b>	YES	NO	Describe:
<b>Eye Problems</b>	YES	NO	Describe: Glasses? ___ Contacts? ___ Other? ___
<b>Ear Problems</b>	YES	NO	Frequent Infections? Yes/No Tubes? Yes/No Hearing Loss: Rt. Ear ___ Lt Ear ___ Hearing Aids: Yes/No
<b>Serious Illnesses/Injuries</b>	YES	NO	Describe:  Date:
<b>Surgeries/Hospitalizations</b>	YES	NO	Describe:  Date:
<b>Developmental Concerns</b>	YES	NO	Describe  Physical/Motor? Yes/No Speech/Language? Yes/NO
<b>Other Health Concerns</b>	YES	NO	Describe:



## OUR LADY OF LORETO STUDENT HEALTH INFORMATION FORM

Are there any health concerns/conditions which would prevent your child from fully participating in all school activities? Yes/No Describe:

### MEDICATIONS\*

Is your child taking any daily medications (prescription and/or over-the-counter)? Yes/No

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ When? \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ When? \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Will your child require any medication during school hours? Yes/No

### MEDICAL PROCEDURES\*

Will your child require any special medical procedure during school hours? Yes/No

Describe: \_\_\_\_\_

**\*IF YOUR CHILD REQUIRES MEDICATION OR MEDICAL PROCEDURES AT SCHOOL PLEASE OBTAIN THE NECESSARY PERMISSION FORMS FROM THE SCHOOL NURSE.**

### HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SPECIAL EDUCATION SERVICES IN THE PAST?

Speech/Language	Yes	No
Learning Difficulties	Yes	No
Reading	Yes	No
Physical/Occupational Therapy	Yes	No
Behavior/Emotional	Yes	No

Is there anything else that you would like the nurse to know about your child?

Would you like to meet with the School Nurse prior to the beginning of school to discuss your child's health concerns/conditions? Yes/No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent phone: \_\_\_\_\_ Parent Email \_\_\_\_\_